- The sections on page 5.7-2 are particularly opaque to the average reader. For example, references to "ISC-2" and "ISC-3" are meaningless.
- Where does all the H³ on Table 5.7-1 (page 5.7-3) come from?
- Is there any concern for cultural and ecological resources when the 7-acre site has all been disturbed previously? (See page 5.16-2 and 5.16-7).
- Table E-3-1 (on page E-3-8) shows projected mercury stack emissions of 83
 micrograms per day, which will exceed the Maximum Achievable Control Treatment
 (MACT), standard of 40 micrograms per day. The projected emissions were based on
 a "conservative" assumption that the feed stock will have 1% mercury, when the
 actual content is known to be "much less than 1%". Why use an assumption that is
 known to be inaccurate?
- Figure 5.7-1 gives a distorted picture of the radiological impact. It looks huge, but is
 less than 1 millirem per year. A worker dose of less than 1 millirem per year relates
 to a limit of 5,000 millirem per year. The maximum allowable offsite limit is 10
 millirem per year with an expected 0.11 millirem per year. Discussion of the longterm storage impacts (on page 5.21-2) related to the "driller scenario" shows an equal
 probability of a latent cancer from contact handled (CH) and remote handled (RH)
 transuranic waste (TRU). Conversely, the hypothetical gardener has a smaller risk for
 latent cancer fatality from RH TRU than from CH TRU. These discrepancies are not
 readily apparent and are not explained.
- Footnote c. on Table E-3-1 (on page E-3-8) is unsubstantiated in the text. These
 emission rates haven't even been estimated which certainly doesn't warrant assuming
 compliance with the MACT limit.
- Table E-4.1-1 shows that the risks of fatal cancer from radiation exposure and from
 nonfatal cancers are higher among the general public than among site workers. It also
 reported that the risks of genetic effects and nonfatal cancers are the same for site
 workers as for the general public, but the risk of genetic effects is higher than the risk
 of nonfatal cancers among the general public. These data do not appear to make
 sense.